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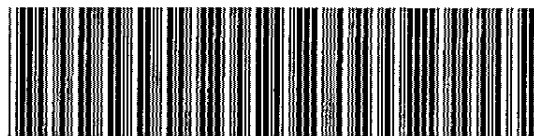
(Business Entity Name)

(Document Number)

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**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. UNIVERSAL REHAB CENTER, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy  
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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SEAL  
MILLER, ROBERT L. JR.  
TALLAHASSEE, FLORIDA

Examiner's Initials

# ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act. Hereby adopt(s) the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be;

UNIVERSAL REHAB. CENTER, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be;

893 E 10 Ave. Hialeah. Fl. 33010

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is; 500 shares value of \$ 1.00

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ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is;

Wilfredo Alvarez 893 E 10 Ave  
Hialeah Fl 33010



ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) if the incorporator(s) to these Article of incorporation is (are);

Wilfredo Alvarez 893 E 10 Ave  
Hialeah Fl 33010

ARTICLE VI DIRECTOR(S)

The name(s) and the street address(es) of the director(s) to these Articles of incorporation is (are);

Wilfredo Alvarez 893 E 10 Ave  
Hialeah Fl 33010

The undersigned incorporator(s) has(have) executed these Articles of incorporation this 28 day of February, 2005



SIGNATURE

Wilfredo Alvarez

PRESIDENT Vicepresident  
Treasurer Secretary

SIGNATURE



SIGNATURE

CERTIFICATE OF DESIGNATION REGISTERED AGENT /

REGISTERED OFFICE.

Pursuant to the provision of sections 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida,

1.- The name of the corporation is; \_\_\_\_\_  
UNIVERSAL REHAB CENTER INC.

2.- The name and address of the registered agent and office is

Wilfredo Alvarez  
NAME

893 E 10 Ave

P.O. BOX NOT ACCEPTABLE

Hialeah Florida 33010

CITY/STATE/ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REG



SIGNATURE

28 day of February, 2005

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05 MAR - 2 PM 2:23  
CLERK OF CIRCUIT COURT  
HIALEAH, FLORIDA